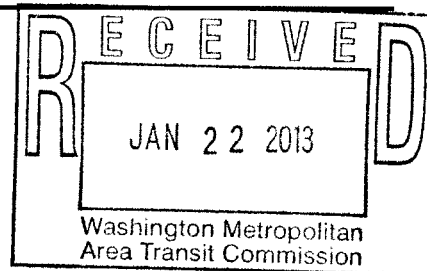


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

534 | Melwood Horticultural Training Center Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

5606 Dower House Road | | Upper Marlboro | Md. | 20772

*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

301-599-4521 | 301-385-6642 | 301-599-4540 | bbarney@melwood.org

*Telephone | Other Telephone | Fax | E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT-1038008-Md | | |

USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Bob Barney | Phy. Plt. Mgr.

*Name

*Title

301-599-4521 | 301-385-6642 | 301-599-4540 | bbarney@melwood.org

*Telephone | Other Telephone | Fax | E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process | Telephone | E-mail

Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

Van 231 has been pulled off of the road because of cost to repair.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓ 109	2006	DODGE	1DGP24R56B596639	46212B	Md	5	NO
✓ 219	2002	FORD	1FBSS31L52HB66536	46271B	Md	15	NO
✓ 220	2002	FORD	1FBSS31L42HB23953	46204B	Md	15	NO
✓ 222	2006	FORD	1GAHG39U561139798	46267B	Md	15	NO
✓ 228	2003	FORD	1FDWE35L63HB39454	46213B	Md	15	YES
✓ 235	1999	FORD	1FBSS31LXXHA28031	05023P	Md	15	NO
✓ 239	2004	GMC	1GJHG39U041118712	46206B	Md	15	NO
✓ 245	2004	CHEVY	1GAHG39U741198851	46214B	Md	15	NO
✓ 250	2005	CHEVY	1GAHG39U951138751	46258B	Md	15	NO
✓ 251	2005	CHEVY	1GAHG39U151224457	46254B	Md	15	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Bob Barney

*Name (type or print)

Phy Plt Mgr

*Title (not required for sole proprietors)


*Signature

1/8/13

*Date

Case Number: **534**

[illegible]